

110TH CONGRESS  
1ST SESSION

# H. R. 1567

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## AN ACT

To amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes.

1       *Be it enacted by the Senate and House of Representa-*  
2       *tives of the United States of America in Congress assembled,*

1 **SECTION 1. SHORT TITLE.**

2       This Act may be cited as the “Stop Tuberculosis  
3 (TB) Now Act of 2007”.

4 **SEC. 2. FINDINGS.**

5       Congress finds the following:

6           (1) Tuberculosis is one of the greatest infec-  
7       tious causes of death of adults worldwide, killing 1.6  
8       million people per year—one person every 20 sec-  
9       onds.

10          (2) One-third of the world’s population is in-  
11       fected with the tuberculosis bacterium and an esti-  
12       mated 8.8 million individuals develop active tuber-  
13       culosis each year.

14          (3) Tuberculosis is the leading infectious killer  
15       among individuals who are HIV-positive due to their  
16       weakened immune systems, and it is estimated that  
17       one-third of people with HIV infection have tuber-  
18       culosis.

19          (4) Today, tuberculosis is a leading killer of  
20       women of reproductive age.

21          (5) There are 22 countries that account for 80  
22       percent of the world’s burden of tuberculosis. The  
23       People’s Republic of China and India account for 36  
24       percent of all estimated new tuberculosis cases each  
25       year.

1           (6) Driven by the HIV/AIDS pandemic, inci-  
2       dence rates of tuberculosis in Africa have more than  
3       doubled on average since 1990. The problem is so  
4       pervasive that in August 2005, African Health Min-  
5       isters and the World Health Organization (WHO)  
6       declared tuberculosis to be an emergency in Africa.

7           (7) The wide extent of drug resistance, includ-  
8       ing both multi-drug resistant tuberculosis (MDR-  
9       TB) and extensively drug resistant tuberculosis  
10      (XDR-TB), represents both a critical challenge to  
11      the global control of tuberculosis and a serious  
12      worldwide public health threat. XDR-TB, which is  
13      characterized as being MDR-TB with additional re-  
14      sistance to multiple second-line anti-tuberculosis  
15      drugs, is associated with worst treatment outcomes  
16      of any form of tuberculosis. XDR-TB is converging  
17      with the HIV epidemic, undermining gains in HIV  
18      prevention and treatment programs and requires ur-  
19      gent interventions. Drug resistance surveillance re-  
20      ports have confirmed the serious scale and spread of  
21      tuberculosis with XDR-TB strains confirmed on six  
22      continents. Demonstrating the lethality of XDR-TB,  
23      an initial outbreak in Tugela Ferry, South Africa, in  
24      2006 killed 52 of 53 patients with hundreds more  
25      cases reported since that time. Of the world's re-

1 regions, sub-Saharan Africa, faces the greatest gap in  
2 capacity to prevent, find, and treat XDR-TB.

3 (8) With more than 50 percent of tuberculosis  
4 cases in the United States attributable to foreign-  
5 born individuals and with the increase in inter-  
6 national travel, commerce, and migration, elimi-  
7 nation of tuberculosis in the United States depends  
8 on efforts to control the disease in developing coun-  
9 tries. Recent research has shown that to invest in  
10 tuberculosis control abroad, where treatment and  
11 program costs are significantly cheaper than in the  
12 United States, would be a cost-effective strategy to  
13 reduce tuberculosis-related morbidity and mortality  
14 domestically.

15 (9) The threat that tuberculosis poses for  
16 Americans derives from the global spread of tuber-  
17 culosis and the emergence and spread of strains of  
18 multi-drug resistant tuberculosis and extensively  
19 drug resistant tuberculosis, which are far more  
20 deadly, and more difficult and costly to treat.

21 (10) DOTS (Directly Observed Treatment  
22 Short-course) is one of the most cost-effective health  
23 interventions available today and is a core compo-  
24 nent of the new Stop TB Strategy.

(11) The Stop TB Strategy, developed by the World Health Organization, builds on the success of DOTS and ongoing challenges so as to serve all those in need and reach targets for prevalence, mortality, and incidence reduction. The Stop TB Strategy includes six components:

(A) Pursuing high-quality expansion and enhancement of DOTS coverage.

(B) Implementing tuberculosis and HIV collaborative activities, preventing and controlling multi-drug resistant tuberculosis, and addressing other special challenges.

(C) Contributing to the strengthening of health systems.

(D) Engaging all health care providers, including promotion of the International Standards for Tuberculosis Care.

(E) Empowering individuals with tuberculosis and communities.

(F) Enabling and promoting research to develop new diagnostics, drugs, vaccines, and program-based operational research relating to tuberculosis.

(12) The Global Plan to Stop TB 2006–2015: Actions for Life is a comprehensive plan developed

1 by the Stop TB Partnership that sets out the ac-  
2 tions necessary to achieve the millennium develop-  
3 ment goal of cutting tuberculosis deaths and disease  
4 burden in half by 2015 and thus eliminate tuber-  
5 culosis as a global health problem by 2050.

6 (13) While innovations such as the Global Tu-  
7 berculosis Drug Facility have enabled low-income  
8 countries to treat a standard case of tuberculosis  
9 with drugs that cost as little as \$16 for a full course  
10 of treatment, there are still millions of individuals  
11 with no access to effective treatment.

12 (14) As the global resource investment in fight-  
13 ing tuberculosis increases, partner nations and inter-  
14 national institutions must commit to a cor-  
15 responding increase in the technical and program as-  
16 sistance necessary to ensure that the most effective  
17 and efficient tuberculosis treatments are provided.

18 (15) The Global Fund to Fight AIDS, Tuber-  
19 culosis and Malaria is an important global partner-  
20 ship established to combat these three infectious dis-  
21 eases that together kill millions of people a year. Ex-  
22 pansion of effective tuberculosis treatment programs  
23 constitutes a major component of Global Fund in-  
24 vestment, along with integrated efforts to address  
25 HIV and tuberculosis in areas of high prevalence.

1           (16) The United States Agency for Inter-  
2           national Development and the Centers for Disease  
3           Control and Prevention are actively involved with  
4           global tuberculosis control efforts. Because the glob-  
5           al tuberculosis epidemic directly impacts tuberculosis  
6           in the United States, Congress has urged the Cen-  
7           ters for Disease Control and Prevention each year to  
8           increase its involvement with international tuber-  
9           culosis control efforts.

10          (17) The United States Agency for Inter-  
11          national Development is the lead United States Gov-  
12          ernment agency for international tuberculosis ef-  
13          forts, working in close partnership with the Centers  
14          for Disease Control and Prevention and with the  
15          President's Emergency Plan for HIV/AIDS Relief.  
16          The goal of the United States Agency for Inter-  
17          national Development is to contribute to the global  
18          reduction of morbidity and mortality associated with  
19          tuberculosis by building country capacity to prevent  
20          and cure tuberculosis and achieve global targets of  
21          70 percent case detection and 85 percent treatment  
22          success rates. The United States Agency for Inter-  
23          national Development provides support for tuber-  
24          culosis programs in countries that have a high bur-

1 den of tuberculosis, a high prevalence of tuberculosis  
2 and HIV, and a high risk of MDR-TB.

3 **SEC. 3. ASSISTANCE TO COMBAT TUBERCULOSIS.**

4 (a) POLICY.—Subsection (b) of section 104B of the  
5 Foreign Assistance Act of 1961 (22 U.S.C. 2151b–3) is  
6 amended to read as follows:

7 “(b) POLICY.—It is a major objective of the foreign  
8 assistance program of the United States to control tuber-  
9 culosis. In all countries in which the Government of the  
10 United States has established development programs, par-  
11 ticularly in countries with the highest burden of tuber-  
12 culosis and other countries with high rates of tuberculosis,  
13 the United States Government should prioritize the  
14 achievement of the following goals by not later than De-  
15 cember 31, 2015:

16 “(1) Reduce by half the tuberculosis death and  
17 disease burden from the 1990 baseline.

18 “(2) Sustain or exceed the detection of at least  
19 70 percent of sputum smear-positive cases of tuber-  
20 culosis and the cure of at least 85 percent of those  
21 cases detected.”.

22 (b) AUTHORIZATION.—Subsection (c) of such section  
23 is amended—

24 (1) in the heading, by striking “AUTHORIZA-  
25 TION” and inserting “ASSISTANCE REQUIRED”; and



1           (2) by striking “is authorized to” and inserting  
2           “shall”.

3           (c) PRIORITY TO STOP TB STRATEGY.—Subsection  
4 (e) of such section is amended—

5           (1) in the heading, to read as follows: “PRI-  
6           ORITY TO STOP TB STRATEGY.—”;

7           (2) in the first sentence, by striking “In fur-  
8           nishing” and all that follows through “, including  
9           funding” and inserting the following:

10           “(1) PRIORITY.—In furnishing assistance under  
11           subsection (c), the President shall give priority to—

12           “(A) activities described in the Stop TB  
13           Strategy, including expansion and enhancement  
14           of DOTS coverage, treatment for individuals in-  
15           fected with both tuberculosis and HIV and  
16           treatment for individuals with multi-drug resist-  
17           ant tuberculosis (MDR–TB), strengthening of  
18           health systems, use of the International Stand-  
19           ards for Tuberculosis Care by all providers, em-  
20           powering individuals with tuberculosis, and ena-  
21           bling and promoting research to develop new  
22           diagnostics, drugs, and vaccines, and program-  
23           based operational research relating to tuber-  
24           culosis; and

25           “(B) funding”; and

1 (3) in the second sentence—

2 (A) by striking “In order to” and all that  
3 follows through “not less than” and inserting  
4 the following:

5 “(2) AVAILABILITY OF AMOUNTS.—In order to  
6 meet the requirements of paragraph (1), the Presi-  
7 dent—

8 “(A) shall ensure that not less than”;

9 (B) by striking “for Directly Observed  
10 Treatment Short-course (DOTS) coverage and  
11 treatment of multi-drug resistant tuberculosis  
12 using DOTS-Plus,” and inserting “to imple-  
13 ment the Stop TB Strategy; and”;

14 (C) by striking “including” and all that  
15 follows and inserting the following:

16 “(B) should ensure that not less than  
17 \$15,000,000 of the amount made available to  
18 carry out this section for a fiscal year is used  
19 to make a contribution to the Global Tuber-  
20 culosis Drug Facility.”.

21 (d) ASSISTANCE FOR WHO AND THE STOP TUBER-  
22 CULOSIS PARTNERSHIP.—Such section is further amend-  
23 ed—

24 (1) by redesignating subsection (f) as sub-  
25 section (g); and

1           (2) by inserting after subsection (e) the fol-  
2       lowing new subsection:

3       “(f) ASSISTANCE FOR WHO AND THE STOP TUBER-  
4       CULOSIS PARTNERSHIP.—In carrying out this section, the  
5       President, acting through the Administrator of the United  
6       States Agency for International Development, is author-  
7       ized to provide increased resources to the World Health  
8       Organization (WHO) and the Stop Tuberculosis Partner-  
9       ship to improve the capacity of countries with high rates  
10      of tuberculosis and other affected countries to implement  
11      the Stop TB Strategy and specific strategies related to  
12      addressing extensively drug resistant tuberculosis (XDR-  
13      TB).”.

14      (e) DEFINITIONS.—Subsection (g) of such section, as  
15      redesignated by subsection (d)(1), is amended—

16           (1) in paragraph (1), by adding at the end be-  
17      fore the period the following: “, including low cost  
18      and effective diagnosis and evaluation of treatment  
19      regimes, vaccines, and monitoring of tuberculosis, as  
20      well as a reliable drug supply, and a management  
21      strategy for public health systems, with health sys-  
22      tem strengthening, promotion of the use of the  
23      International Standards for Tuberculosis Care by all  
24      care providers, bacteriology under an external qual-  
25      ity assessment framework, short-course chemo-

1 therapy, and sound reporting and recording sys-  
2 tems”; and

3 (2) by adding after paragraph (5) the following  
4 new paragraph:

5 “(6) STOP TB STRATEGY.—The term ‘Stop TB  
6 Strategy’ means the six-point strategy to reduce tu-  
7 berculosis developed by the World Health Organiza-  
8 tion. The strategy is described in the Global Plan to  
9 Stop TB 2007–2016: Actions for Life, a comprehen-  
10 sive plan developed by the Stop Tuberculosis Part-  
11 nership that sets out the actions necessary to  
12 achieve the millennium development goal of cutting  
13 tuberculosis deaths and disease burden in half by  
14 2016.”.

15 (f) ANNUAL REPORT.—Clause (iii) of section  
16 104A(e)(2)(C) of the Foreign Assistance Act of 1961 (22  
17 U.S.C. 2151b–2(e)(2)(C)) is amended by adding at the  
18 end before the semicolon the following: “, including the  
19 percentage of such United States foreign assistance pro-  
20 vided for diagnosis and treatment of individuals with tu-  
21 berculosis in countries with the highest burden of tuber-  
22 culosis, as determined by the World Health Organization  
23 (WHO)”.

24 (g) AUTHORIZATION OF APPROPRIATIONS.—

1           (1) IN GENERAL.—There are authorized to be  
2       appropriated to the President not more than  
3       \$400,000,000 for fiscal year 2008 and not more  
4       than \$550,000,000 for fiscal year 2009 to carry out  
5       section 104B of the Foreign Assistance Act of 1961  
6       (22 U.S.C. 2151b–3), as amended by subsections (a)  
7       through (e) of this section.

8           (2) FUNDING FOR CDC.—Of the amounts ap-  
9       propriated pursuant to the authorization of appro-  
10      priations under paragraph (1), not more than  
11      \$70,000,000 for fiscal year 2008 and not more than  
12      \$100,000,000 for fiscal year 2009 shall be made  
13      available for the purpose of carrying out global tu-  
14      berculosis activities through the Centers for Disease  
15      Control and Prevention.

16          (3) ADDITIONAL PROVISIONS.—Amounts appro-  
17      priated pursuant to the authorization of appropria-  
18      tions under paragraph (1) and amounts made avail-  
19      able pursuant to paragraph (2)—

20                (A) are in addition amounts otherwise  
21      made available for such purposes; and

1                   (B) are authorized to remain available  
2                   until expended.

Passed the House of Representatives November 5,  
2007.

Attest:

*Clerk.*



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To amend the Foreign Assistance Act of 1961 to provide increased assistance for the prevention, treatment, and control of tuberculosis, and for other purposes.